

## **VISIT NOTIFICATION**

**George C. Marshall Space Flight Center** Marshall Space Flight Center, AL 35812

| PART I (To be prepared by originating office)   |                                       | (Prepare an original and 3 copies; forward all copies to the MSFC Protective Services Department) |                              |  |
|---|---------------------------------------|---|------------------------------|--|
| TO: (Fill in complete address of facility to be visited)  |                                       | FROM: (Complete address o   | f MSFC facility)             |  |
| The following Marshall Space Flight Center employees, U.S. citizens unless otherwise noted, will visit your facility as indicated below. All clearances were issued by this Center. Permission assumed unless notified otherwise. |                                       |   |                              |  |
| FULL NAME OF VISITOR JOB TITLE AND SOCIAL SECURITY NUMBER   |                                       | DATE OF BIRTH<br>PLACE OF BIRTH   | CLEARANCE STATUS<br>AND DATE |  |
| 1.  |                                       |   |                              |  |
| 2.  |                                       |   |                              |  |
| 3.  |                                       |   |                              |  |
| 4.  |                                       |   |                              |  |
| 5.  |                                       |   |                              |  |
| 6.  |                                       |   |                              |  |
| 7.  |                                       |   |                              |  |
| 8.  |                                       |   |                              |  |
| 9.  |                                       |   |                              |  |
| 10.   |                                       |   |                              |  |
| PURPOSE OF VISIT:   | · · · · · · · · · · · · · · · · · · · |   |                              |  |
| PERSON(S) TO BE CONTACTED   |                                       | DATE(   | DATE(S) OF VISIT(S)          |  |
|   |                                       | FROM:   | то:                          |  |
| PART II (To be completed by N   |                                       |   |                              |  |
| DATE: SECURITY OFFICER:   |                                       |   |                              |  |
| DATE.   |                                       | SCOOMIT OFFICER.  |                              |  |